

# Depression

## What is depression?

Depression is a condition that is suffered by many people, often triggered by major events such as loss of job, death of a loved one, marital problems, to name but a few contexts that can give rise to depressive feelings. According to Beck and Young (1978), 78% of college students will show depressive symptoms in any given year; of these, 46% will seek some form of professional help.

It is important to note that, extremes of negative mood and “feeling blue” are not synonymous with depression. It is when the symptoms become generalised and severe that one can refer to depression as a condition or syndrome. In other words, frequency, intensity, and duration of symptoms are criteria to be used in order to determine when there is a depressive condition.

## What are the symptoms associated with depression?

People who suffer from depression have at least five of the symptoms described below, nearly every day, all day for at least two weeks. The symptoms present a change from the person's normal behaviour and ability to function. At least one of the symptoms displayed below will be either:

- Depressed mood, (feeling sad, blue, being tearful), or sometimes irritable mood.
- Loss of interest or pleasure, feeling 'flat' or 'empty' in all or almost all activities she / he used to enjoy.

The features which characterise depression as a condition (major depressive episode) include:

1. Depressed mood
2. Loss of interest or pleasure (feeling “flat” or “empty”) in all, or almost all, activities one used to enjoy, including sex.
3. Significant weight loss or weight gain when not dieting, or decrease or increase in appetite.
4. Sleep disturbance (trouble sleeping or sleeping too much).
5. Psychomotor agitation (feeling restless) or retardation (feeling slowed down).
6. Decreased energy or feeling tired.
7. Feeling of worthlessness, self-reproach or inappropriate guilt.
8. Diminished ability to think, concentrate, remember or make decisions.
9. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt, or a specific plan for committing suicide.

Other associated features include headaches, other aches and pains, digestive problems, sexual problems, anxiety and excessive worry, feeling pessimistic or hopeless.

### **Causes of depression**

No one simple factor has been identified as the cause of depression. There usually appears to be more than one reason, which might differ from person to person:

- Persons with family history of depression have an increased probability of having depression because of their individual make-up, (including body chemistry), or because of certain early experiences.
- Distressing events and the surrounding circumstances. For example, if we are alone, friendless or have many other worries we may get seriously depressed, whereas in happier times we could cope.
- Depression is a common accompaniment to physical illnesses, especially life-threatening ones, like cancer and heart disease. Similarly, depressive episodes appear to occur more often in individuals with a history of drug dependence and certain psychiatric conditions.
- A person's deeper beliefs and assumptions can predispose them to depression. In effect, depressed people's thoughts include three key elements: (i) a concept of themselves as in some way worthless, failed or to blame for their own or other people's plight, (ii) a view that the world is devoid of pleasure or gratification, and that immense barriers block access to goals, (iii) a view that the future is hopeless.

### **Depression as a developmental reaction**

In the college population, every case of depression is affected by certain developmental issues and this can happen regardless of the person's family history and background, medical history and life circumstances. These issues involve:

1. Changes in the balance between the capacity for autonomy and availability for attachment.
2. Over-reliance on external standards of success at the expense of one's own ideals.

Fluctuations in self-esteem usually reflect difficulties in these areas. Finally, instances of depression in college students are usually associated with recent stressful events.

Most depressed students usually exhibit a depressed mood associated with feelings of hopelessness, helplessness, worthlessness, and anxiety. Symptoms

occur within three months of a clearly definable stress, such as poor academic performance, break-up of a relationship, financial problems. The recent stressful event upsets the balance between autonomy and connectedness and in turn may impair self-esteem. Sleep and appetite disturbances are often present but the full array of somatic signs is absent. Although the symptom picture does not usually meet the criteria for a major depressive episode, at the same time, the symptoms are severe enough to interfere with work and social functioning. Treatment consists of a combination of cognitive counselling upon with developmental approach and recovery is relatively quick.

### **How to help yourself**

1. Don't bottle up your thoughts and feelings. Try to tell people close to you about the things that upset you. Relieving the painful experience(s), having a good cry, and talking things through can be very healing and is part of the mind's natural mechanism.
2. Try to keep active: Doing some exercise, going out for a long walk, will help you to keep physically fit and you may sleep better. Keeping up some activity (housework, going to the cinema) will help you to take your mind off painful feelings and may remove feelings of helplessness.
3. Eat a balanced diet, especially fruit and vegetables, even though you may not feel like eating.
4. Pinpoint your negative thoughts. An important source of our feelings is the way we think about ourselves and the world. It is possible to identify your negative thoughts and beliefs and substitute them with more reasonable, self-enhancing thoughts. Because negative thoughts tend to come into the mind automatically and seem completely valid, it is important to write down in order to develop a more objective perspective. You will discover that the negative thoughts are nearly always quite unrealistic as they contain what are called cognitive distortions.

### **Using the Daily Record of Negative Thoughts form provided, work through the steps described below:**

- The first thing to do is to write a brief description of a specific problem that is upsetting or bothering you. It is important not to be vague. (Event)
- Write down your negative feelings using words like sad, angry, and anxious. Rate each one on a scale from 0 (the least) to 100 (the most). (Feeling)
- Ask yourself, "What are the negative thoughts that are passing through my mind in relation to the upsetting situation?" After you have written down your negative thoughts, estimate how much you believe each of them on a scale from 0 (not at all) to 100% (completely). (Negative Thought)
- After you identify the distortions and beliefs in your negative thoughts, substitute rational responses. Indicate how strongly you believe each one on a scale from 0 to 100%. (Rational Response)

Try to keep your daily record, for a period of a month, working for ten to fifteen minutes per day, five days per week.

## **Checklist of Cognitive Distortions**

### ***Filtering***

You dwell on the negative details and magnify them while ignoring the positive aspects of a situation. You sit down trying to study and you think “just think of all the time I’ve been wasting!” perhaps forgetting that you did some study the day before.

### ***Polarized thinking***

You look at things in absolute, black or white, good or bad categories. You are either perfect or a failure “I can’t remember anything four days after I study it.”

### ***Overgeneralization***

You come to a general conclusion based on a single negative event. If something bad happens once, you view it as a never-ending pattern of defeat “I’ll have nothing to say, I’m always like that.”

### ***Mindreading***

You know what people are feeling (especially toward you), and assume why they act the way they do, even though there’s no definite evidence for this, “I know what they think of me. Everybody thinks I’m a failure.”

### ***Catastrophizing***

You expect disaster. If there is a problem you start “what ifs.” “What if I study the wrong things?” “What if I will not pass the exam?”

### ***Blaming***

You hold other people responsible for your pain, or you blame yourself for every problem. “It’s all his fault that we broke up!” “We broke up because I am not lovable.”

### ***Shoulds***

You criticize yourself or other people based on a list of “shoulds”, “musts”, “oughts.” People who break the rules anger and frustrate you. If you violate the rules you feel guilty. “I never do enough studying. I should be doing more!”

### ***Global labelling***

You make a negative global judgement about people, behaviours, things, yourself using a single quality. Instead of describing your error, you attach a negative label, “I’m a fool.”

### ***Personalization***

You assume that everything people do or say is some kind of reaction to you.

You also compare yourself to others. A friend says that he's angry and you immediately assume that he means he's angry with you.

***Being right***

You are continually on trial to prove that your actions and opinions are correct. Being wrong is unthinkable and you will go to any length to demonstrate your rightness. "How dare you question my opinions; I'm the teacher!"

***Emotional reasoning***

You assume that what you feel necessarily reflect the way things are. "If I 'feel' stupid and guilty, it must be true". "I feel shy, so I must be an inadequate human being".

**Checklist of Dysfunctional Beliefs**

Another type of negative thinking has to do with our beliefs, the basic assumptions we make about reality. Beliefs can predispose us to think about ourselves, others and the world in particular ways. Dysfunctional beliefs underline the distortions described above but can be more difficult to identify. For example, a belief in approval (described below), will lead one to immediately doubt their own judgement whenever someone disagrees with them. A belief in perfectionism may stop somebody from participating in activities because "If I can't do it right the first time, I don't do it at all".

***Approval***

Your happiness is completely in the hands of other people. You must be loved and approved by all the significant people in your life or you are not worthwhile.

***Avoidance***

You believe it is best to avoid anything that is unknown, uncertain or potentially dangerous. If something is challenging, different, or risky you cannot help but be scared, or anxious.

***Expectations***

If you do good, you should be rewarded. Similarly, people should always meet your expectations and you must always live up to everyone's expectations.

***Determinism***

You believe that the past determines the present. Everybody is the way he / she is and they cannot change.

***Perfectionism***

You must always try to be unfailing, competent and perfect in all you undertake. If you can't win, you don't play.

**Fairness**

You feel resentful and angry because you think you know what's just but other people won't agree with you.

**External control**

External events cause your feelings and behaviours. You see yourself as helpless, a victim of fate.

**What treatment is available for depression?**

- Counselling / Psychotherapy: It involves talking about your feelings to a professional therapist who listens, understands and helps you explore and confront the possible reasons for being depressed.
- Antidepressant medication: Prescribed by a physician when the depression is severe or goes on for a long time. Antidepressants are very effective and need not usually be taken for more than a few months. Antidepressants have some side effects that may only last for a short period of time and are not addictive. Consult with your doctor in relation to this treatment.

**Further reading:**

Barker, P.J. (1993). *A self-help guide to managing depression*. London: Chapman & Hall.

Burns, D. D. (1989). *The feeling good handbook: Using the new mood therapy in everyday life*. New York: William Morrow. Rowe, D. (1983). *Depression: The way out of your prison*. London: Routledge and Kegan Paul.

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